

## CRITERIA FOR PRIOR AUTHORIZATION

### Non-Steroidal Atopic Dermatitis Agents

**PROVIDER GROUP:** Pharmacy

**MANUAL GUIDELINES:** The following drug(s) require prior authorization:  
Tacrolimus (Protopic®)  
Pimecrolimus (Elidel®)  
Crisaborole (Eucrisa®)

#### CRITERIA FOR INITIAL APPROVAL: (must meet all of the following)

- The patient has a diagnosis of atopic dermatitis.
- The patient is 16 years of age or older if receiving tacrolimus 0.1% strength, for all other strengths and products patient must be 2 years of age or older.
- Must meet all of the bullet points under a or b:
  - a. The patient is 2-15 years of age.
    - The patient has used a low potency topical corticosteroid (see attached table) **or** the patient has atopic dermatitis on the face and the prescriber has a concern with long-term steroid use on the face.
  - b. The patient is 16 years of age or older.
    - The patient has used a medium potency or higher topical corticosteroid (see attached table) **or** the patient has atopic dermatitis on the face and the prescriber has a concern with long-term use on the face.
- For crisaborole, the patient must also have a trial of a topical calcineurin inhibitor (tacrolimus, pimecrolimus)

#### CRITERIA FOR RENEWAL: (must meet all of the following)

- There is documentation of improvement of symptoms from the prescriber.

**Prior Authorization may be approved for 6 (six) months.**

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Drug Utilization Review Committee Director

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Pharmacy Program Manager,  
Kansas Health Policy Authority

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Date

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Date

**Low Potency Corticosteroids**

Generic Name	Brand Name
Alclometasone	Aclovate®
Desonide	Trideslilon®, Desowen®, Verdeso®, Desonate®, Lokara®
Fluocinolone 0.01%	Derma-Smoothe-FS®, Capex®, FS Shampoo®, Synalar®
Hydrocortisone	Dermolate®, Cortizone®, Cortaid®, Penecort®, Dermacort®, Cetacort®, Hytone®
Hydrocortisone Acetate	Gynecort®, Nuzone®, Cortalo®

**Medium Potency and Higher Topical Corticosteroids**

Generic Name	Brand Name
Betamethasone	Beta-Val®, Betatrex®, Beta-Derm®, Qualisone®, D.R. Betasone®, Luxiq®
Triamcinolone	Aristocort®, Aricin®, Kenalog®, Triacet®, Triderm®, Delta-Tritex®, Cinalog®, Trianex®, Zytotic Kit®
Fluocinolone 0.025%, 0.05%, 0.1%	Synalar®, Lidex®, Vanos®, Dermacin®
Hydrocortisone Butyrate	Locoid®
Hydrocortisone Valerate	Westcort®
Betamethasone	Diprolene®, Maxivate®, Teladar®, Diprosone®, Alphatrex®, Del-Beta®, Betonate®
Desoximetasone	Topicort®
Clocortolone	Cloderm®
Flurandrenolide	Cordran®
Halcinonide	Halog®
Diflorasone	Maxiflor®, Psorcon®, Florone®, Apexicon®
Amcinonide	Cyclocort®
Clobetasol	Embeline®, Temovate®, Cormax®, Clobevate®, Clobex®, Olux®
Mometasone	Elocon®
Halobetasol	Ultravate®
Fluticasone	Cutivate®
Prednicarbate	Dermatop®
Hydrocortisone Probutate	Pandel®